



State of Utah

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Department of Human Services

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Executive Director

Division of Substance Abuse and Mental Health

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Director

April 16, 2019

Commissioner Lorene Miner Kamalu
Davis County Commission
PO Box 618
Farmington, UT 84025

Dear Commissioner Kamalu:

In accordance with Utah Code Annotated 62A-15-103, the Division of Substance Abuse and Mental Health has completed its annual review of Local Authority, Davis County and Davis Behavioral Health, its contracted service provider; the final report is enclosed. The scope of the review included fiscal management, children, youth, family and adult mental health services, substance abuse treatment and prevention services, and general operations.

The center has many strengths; however, this report by its nature focuses on the exceptions and areas in need of improvement. The Division has approved all corrective action plans submitted by the Center/County in response to each reported finding, which have been included in the final report. If you have any questions, please contact Chad Carter (801)538-4072

We appreciate the cooperation and assistance of the staff and look forward to a continued professional relationship.

Sincerely,

Doug Thomas

Doug Thomas
Division Director

Enclosure

cc: Commissioner Bob Stevenson, Davis County Commission

Commissioner Randy Elliott, Davis County Commission
Brandon Hatch, Director of Davis Behavioral Health



Site Monitoring Report of

Davis Behavioral Health

Local Authority Contracts #160072 and #160073

Review Date: December 11th, 2018

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Section One: Site Monitoring Report

Executive Summary

In accordance with Utah Code Section 62A-15-103, the Division of Substance Abuse and Mental Health (also referred to in this report as DSAMH or the Division) conducted a review of Davis County and their contracted service provider, Davis Behavioral Health (also referred to in this report as DBH or the Center) on December 11th, 2018. The focus of the review was on governance and oversight, fiscal management, pediatric and adult mental health services, substance abuse prevention and treatment services and general operations.

The nature of this examination was to evaluate the Center's compliance with: State policies and procedures incorporated through the contracting process; Division Directives; State mandated mental health services; and Preferred Practice Guidelines. During the examination, the review teams evaluated: the reliability and integrity of the Center's data and its compliance with established programmatic and operational objectives. Additionally, the review included an examination, through sampling, of the Center's efficient and appropriate use of financial resources.

Any program or operational inadequacies are identified in this report as non-compliance issues. The chart on the following page provides a quick reference to locate any non-compliance issues identified by the monitoring team. A detailed description of the issues can be found in the body of this report.

Summary of Findings

Programs Reviewed	Level of Non-Compliance Issues	Number of Findings	Page(s)
<i>Governance and Oversight</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	7
<i>Child, Youth & Family Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Adult Mental Health</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None 1	12-13
<i>Substance Abuse Prevention</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None None None	
<i>Substance Abuse Treatment</i>	Major Non-Compliance Significant Non-Compliance Minor Non-Compliance Deficiency	None None 1 1	17 17-18

Governance and Fiscal Oversight

The Division of Substance Abuse and Mental Health (DSAMH) conducted its annual monitoring review of the Local Authority, Davis County, and its contracted service provider, Davis Behavioral Health (DBH). The Governance and Fiscal Oversight section of the review was conducted on December 6th and 11th, 2018 by Chad Carter, Auditor IV.

A visit was conducted with Davis County to discuss their role in monitoring and compliance with State and Federal requirements. See FY19 comments below for more details.

A site visit and review was conducted at DBH as the contracted service provider for Davis County. Overall cost per client data was analyzed and compared to the statewide Local Authority average. Personnel and subcontractor files were examined for compliance with state licensing laws and adherence to contractual requirements, as well as the Center's own policy. Executive travel reimbursements were reviewed to ensure they were appropriate and that no personal benefit has been gained. Board minutes were reviewed and discussions were conducted to determine if an appropriate level of involvement and financial oversight was provided.

As part of the site visit, DBH provided backup to support their costs and billed amounts, using rates taken from their Medicaid Cost Report. This report is a cost study conducted by the Local Authority and then reviewed/approved by the Department of Health (DOH), Medicaid Division. This report establishes the center's cost allocation plan as it pertains to overhead/administrative costs and spreads these costs across the Current Procedural Terminology (CPT) billing codes used by the Center that year. This allows the Division to fairly incorporate these overhead/administrative costs into the payments sent for services that qualify for funding found on the Center's contract allocation letter. Random samples were taken from the backup provided to verify that the listed services qualified for each different service category.

The Local Authority, Davis County received a single audit as required. The CPA firm Ulrich & Associates, PC completed the audit for the year ending December 31, 2017. The auditors issued an unqualified opinion in their report dated June 1, 2018. The Mental Health Block Grant was selected for specific testing as a major program. No findings or deficiencies were issued in the audit.

Davis Behavioral Health, the contracted service provider for Davis County, also received a single audit. The CPA firm Litz & Company completed the audit for the year ending June 30, 2018. The auditors issued an unmodified opinion in their report dated October 23, 2018. The SAPT Block Grant was selected for specific testing as a major program. No findings or deficiencies were issued.

Follow-up from Fiscal Year 2018 Audit: **FY18 Deficiencies:**

- 1) One employee was found to have an expired BCI background check during the review of personnel records. All other files that were reviewed were in order and had the necessary documentation

This issue was resolved. The expired BCI check was renewed last year and all documentation was found to be present and up to date in the personnel file review.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

One subcontractor file was found to have an expired liability insurance certificate. The Local Authority must ensure that all subcontractors are current on required insurance.

Center's Response and Corrective Action Plan:

Action Plan: We had already decided to terminate the subcontract prior to their expiration date of 6/30/18 due to change in ownership. The subcontractor did not have an interest in continuing a relationship with DBH so we did not ask for renewed liability insurance when it expired on 4/04/2018. In the future, we will go ahead and terminate the contract when documents become deficient.

Timeline for compliance: This has been completed

Person responsible for action plan: Shelly Tanner

FY19 Recommendations:

None

FY19 Division Comments:

- 1) As part of the site visit, DSAMH met with James Smith, County Commissioner for Davis County to discuss monitoring requirements and the official determination of their contracted service provider, Davis Behavioral Health as either a contractor or a subrecipient. The Division has identified some areas that require additional monitoring steps, specifically in regards to subrecipient classifications and Federal requirements. This requires Davis County, as the Division's contracted Local Authority and subrecipient of Federal funding, to be actively involved in the monitoring of services. Mr. Smith provided a Classification

Checklist with the County's official determination of Davis Behavioral Health as a contractor. It was discussed that starting next year, the Division would include Davis County in annual monitoring to ensure they are taking appropriate steps to monitor DBH as a contractor. Mr. Smith was receptive and eager to ensure they were in compliance. The Division appreciates the partnership we have with Davis County and Davis Behavioral Health, and their willingness to work with us through the monitoring process. The Division is available to provide technical assistance at any time to ensure requirements are understood and are being properly addressed.

Mental Health Mandated Services

According to Utah Code 17-43-301, the Local Authority is required to provide the following ten mandated services:

Inpatient Care

Residential Care

Outpatient Care

24-hour Emergency Services

Psychotropic Medication Management

Psychosocial Rehabilitation (including vocational training and skills development)

Case Management

Community Supports (including in-home services, housing, family support services, and respite services)

Consultation and Education Services

Services to persons incarcerated in a county jail or other county correctional facility

The mandate to provide services to those in county correctional facilities is not applicable to the children and youth population.

In subsection (4)(a)(ii) each local authority is required to “annually prepare and submit to the Division a plan approved by the county legislative body for mental health funding and service delivery, either directly by the local mental health authority or by contract.” This annual area plan provides the state Division of Substance Abuse and Mental Health with a measuring tool against which the local authority is measured during the annual monitoring site review.

A major focus of the monitoring efforts of the Division of Substance Abuse and Mental Health is to measure compliance with this legislative mandate to provide these services to the adults, youth, and children of Utah.

Child, Youth and Family Mental Health

The Division of Substance Abuse and Mental Health Children, Youth, & Families team conducted its annual monitoring review at Davis Behavioral Health on December 12th, 2018. The monitoring team consisted of Mindy Leonard, Program Manager, and Brenda Chabot, Family Mentor with the Utah Family Coalition (Allies with Families). The review included the following areas: record reviews, discussions with clinical supervisors and management, case staffing, program visits, and feedback from families through questionnaires and a focus group. During the visit, the monitoring team reviewed the FY18 audit; statistics, including the Mental Health Scorecard; Area Plans; Youth Outcome Questionnaires; family involvement; Family Resource Facilitation (Peer Support); High Fidelity Wraparound; Multi-Agency Coordinating Committee; school-based behavioral health; Mental Health Early Intervention funding; juvenile civil commitment; compliance with Division Directives; and the Center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2018 Audit

No findings were issued.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

None

FY19 Recommendations:

None

FY19 Division Comments:

- 1) *School Partnerships:* The partnerships with Davis County Schools are going very well. There is also a United Way therapist who has been working in new schools. DBH has two FRFs and a therapist that work directly in the schools. DBH reports that more coordination with the schools is needed to help identify continued needs of the schools for mental health services.

- 2) *Stabilization and Mobile Response (SMR)*: Stabilization and mobile response has been a good addition and has taken some additional stress off of therapists. The transition into services is much easier to work with after a client has been provided services through SMR. The family components of SMR services have also proved to be beneficial as a means to better introduce and inform parents about services for their child.
- 3) *Family Feedback*: Nine family members attended the focus group. It was informative to listen to the families perspective on what they think of the services they receive at DBH. Families report they are very happy and excited with the therapy they receive. DBH received 27 completed family surveys. Several of the parents stated they had trouble scheduling appointments. One family stated that they would like weekly appointments, but only had an appointment every two to three weeks. Many of the parents stated that they were involved in their child's treatment. The most valued community resources per the survey were DBH and all of their services, classes and programs, including the FRFs.

Adult Mental Health

The Adult Mental Health team conducted its annual monitoring review of Davis Behavioral Health on Dec 12th, 2018. The team included Mindy Leonard program manager. The review included the following areas: discussions with clinical supervisors and management teams, record reviews, site visits to administrative offices, outpatient clinics, Journey House, and community partner sites. During the discussions, the team reviewed the FY18 audit; statistics, including the Mental Health Scorecard; area plans; Outcome Questionnaires and the center's provision of the ten mandated services as required by Utah Code 17-43-301.

Follow-up from Fiscal Year 2018 Audit

No findings were issued.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

- 1) *Division Directives on Outcome Questionnaire (OQ) Administration:* DSAMH Division Directives require at least 50% OQ administration rates to clients served. According to the Mental Health DBH Scorecard, OQ rates have decreased from 49.5% in FY17 to 47.0 % in FY18. DSAMH recommends a review of OQ administration practices in order to increase the rate.

Center's Response and Corrective Action Plan:

Action Plan: An adult team supervisor did a survey of all scheduled appointments on the calendars for one week in February, 2019. We checked OQ use. The number of OQ's given were below our expectation. We then checked OQ changes for clients with depressive diagnoses. The effect size in OQ change scores was .30, consistent with expected progress.

With this baseline data, we will address OQ under-utilization via education, session recordings demonstrating how OQ review can enhance therapy progress, periodic checks on OQ use, and feedback to individual clinicians and to the team.

Timeline for compliance: Action plan will be initiated in April 2019

Person responsible for action plan: Gary Goodrich Ph.D

FY19 Recommendations:

- 1) *Supported Employment/Individual Placement and Support (SE/IPS):* DBH provides employment services at Journey House and has successfully included the evidence-based IPS program. The employment specialists and employment specialist supervisor have received on-site training with DSAMH's IPS Trainer and Alliance House/Clubhouse IPS Trainer. The employment team has been certified as a Community Rehabilitation Program (CRP) through the Association of Community Rehabilitation Educators (ACRE) training. The SE/IPS employment team are providing job development, job placement and job coaching to clients. DBH received an SE/IPS fidelity review (July 2018) and improved their baseline score significantly by obtaining "Good Fidelity." It is recommended that DBH/Journey House continue to work toward "Exemplary Fidelity" by including a review of the SE/IPS program through DBH's quality assurance process. In addition, it is recommended that the employment team increase time spent in the community and develop a local steering committee to assist with integrating IPS documentation into the clinical records.
- 2) *Housing:* DBH plays an important role in the Davis County housing process. The knowledge, experience, and housing connections that DBH possesses are critical to the success of housing and homeless service programs in the area. It is recommended that DBH continues to actively participate in Coordinated Assessment and Local Homeless Coordinating Committee meetings to ensure the continuation of high quality services.

FY19 Division Comments:

- 1) *Community Collaborations:* DBH has excellent collaborative relationships with community partners. This includes close working relationships with the jail, law enforcement, and local community coalitions. In addition, DBH is working with the Mental Health Commissioner in District 2 to create encouraging interim meetings with individuals on civil commitment.
- 2) *Emergency Room Follow-Up:* DBH has installed an on-call worker in the Davis Hospital emergency room. This person is an employee of DBH, they are part of the crisis work and are able to follow up with clients who leave the hospital. This continues to be a successful model.
- 3) *Incarcerated Care:* DBH provides group and individual therapy in the jail. The prescriber is part of the jail system, allowing for improved coordination and communication. DBH is providing Vivitrol to the jail, and has a contract with Harmon's to provide medication for five days after discharge until other arrangements can be made.

Substance Use Disorders Prevention

Becky King, Program Administrator, conducted the annual prevention review of Davis Behavioral Health on December 11th, 2018. The review focused on the requirements found in State and Federal law, Division Directives, and contracts. In addition, the review evaluated the services described in the annual prevention area plan and the data used to establish prevention priorities.

Follow-up from Fiscal Year 2018 Audit

FY18 Deficiencies:

- 1) Davis County did not achieve 90% compliance rates with the Synar tobacco sales. Per the Synar report, Davis County had a compliance rate of 88%. This was a decrease from last year.

This issues has been resolved. In FY18, Davis County achieved a 95.7% compliance rate with Synar tobacco sales, which now meets Division Directives.

- 2) There was a decrease in the number of overall Eliminating Alcohol Sales to Youth compliance checks, from 157 checks in FY16 to 142 checks in FY17.

This issue has been resolved. In FY18, Davis County achieved a 92.9% compliance rate with the Eliminating Alcohol Sales to Youth checks, which now meets Division Directives.

- 3) There were no current functioning coalitions outside of the county level coalition in FY17.

This issue has been resolved. In FY18, DBH started a coalition in Clearfield and Syracuse, Centerville and have started discussions with Bountiful and Layton to set up coalitions in these areas. DBH now has coalitions outside of the county level, which meets Division Directives.

Findings for Fiscal Year 2019 Audit

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

None

FY19 Deficiencies:

None

FY19 Recommendations:

- 1) *Coalition Coordinator Training:* DBH is interested in receiving coaching and training on the Community that Cares Model (CTC) for their new Coalition Coordinator. Once DSAMH gets the Strategic Prevention Framework (PFS) Grant going, a Regional Director from Weber Human Services will be hired to work with agencies in the Northern part of the state. This individual will be able to provide coaching and training on the CTC Model for the Coalition Coordinator in Davis County.

FY19 Division Comments:

- 1) *Mindfulness Based Stress Reduction:* DBH's goal this year was to provide effective mindfulness training through Davis County. This included training students, parents and staff in sixty-two public elementary, twenty four secondary, and four alternative schools and Head Start Programs. DBH is also planning to invite private and charter schools to participate in this initiative as well. This approach has enabled DBH to reach families who are underserved, low-income and minority populations. In addition, it has helped manage stress levels for students and staff and reduce staff burnout.
- 2) *Evidence-Based Practice:* 93% of DBH's prevention programs are evidence-based. The following programs have been implemented at DBH, which have produced positive outcomes for their community: (1) Strengthening Families, (2) Project Davis (3) Incredible Years (4) Love and Logic (5) Mindfulness Based Stress Reduction (6) Learning to Breathe (7) Mindful Schools (8) Prime for Life (9) Alcohol Intervention (10) Protecting You, Protecting Me (11) Anger Management. DBH continues to use evidence-based strategies to improve outcomes for their community.
- 3) *Community Coalitions:* Davis HELPS is a countywide community prevention coalition with over twenty partners dedicated to cultivating health communities. This coalition has been in place for the past ten years and continues to grow. Last year, DBH started a coalition in Clearfield and Syracuse and another coalition in Centerville. They have also started discussions with Bountiful and Layton to set up coalitions in these areas. DBH continues to expand coalitions in their local area, which is making a positive difference for their community.

Substance Use Disorders Treatment

Becky King, Program Administrator conducted the monitoring review on December 11th, 2018. The review focused on compliance with State and Federal laws, Division Directives, Federal Substance Abuse Treatment (SAPT) block grant requirements, JRI, DORA, Drug Court, scorecard performance and consumer satisfaction. The review included a document review, clinical chart review, and an interview with the clinical director and other staff members. Consumer satisfaction and performance were also evaluated using the Division Outcomes Scorecard, and the Consumer Satisfaction Scorecard.

Follow-up from Fiscal Year 2018 Audit

FY18 Minor Non-compliance Issues:

1) Data from the FY17 Utah Substance Abuse Treatment Outcomes Scorecard showed:

- a) The percent completing treatment episode successfully went from 51.1% down to 49.9%.

This issue has been resolved. In FY18, the percent of clients completing a treatment episode successfully increased to 59.1%, which now meets Division Directives.

- b) Increase in stable housing-Percent increase in those employed full/part time or student from admit to discharge went down from -.03% to -1.6%.

This issue has been resolved. In FY18, the percent of homeless clients from admission to discharge increased to 1.0%, which now meets Division Directives.

- c) Tobacco use percent decrease in number of clients reporting tobacco use from admission to discharge fell from 29.7% to -7.6%.

The percent of clients reporting tobacco use from admission to discharge moved from -7.6% to -33.0% from the FY17 to FY18, which does not meet Division Directives.

This issue has not been resolved and will be continued in FY19; see Minor Non-Compliance Finding #1.

FY18 Deficiencies:

- 1) Old open admissions were 4.3%, which is more than the recommended state allowance of 4%.

This issue has been resolved. In FY18, old open admissions decreased to 1.4%, which now meets Division Guidelines.

- 2) Treatment Episode Data Set (TEDS) submissions reflected that 565 out of 926 admissions were not collected to indicate a client's criminogenic risk.

In FY18, 20.6% of the data was not collected for criminogenic risk and .1% was unknown, which does not meet Division Directives. There can only be 10% of data that is not collected and no unknown data.

This issue has not been resolved and will be continued in FY19; see Deficiency #1.

Findings for Fiscal Year 2019 Audit:

FY19 Major Non-compliance Issues:

None

FY19 Significant Non-compliance Issues:

None

FY19 Minor Non-compliance Issues:

- 1) The percent change in clients reporting tobacco use compared from admission to discharge moved from -7.6% to -33.0% from FY17 to FY18, which does not meet Division Directives.

Center's Response and Corrective Action Plan:

Action Plan: : DBH's clinical staff and administration do not feel this is reflective of the decrease in client tobacco use, but rather an error in how the data is collected and reported. To address this issue, DBH has pulled this data point from intake and will now have only clinical staff collect this element. In addition, the director of substance use treatment will re-train program supervisors, who will then re-train all SUD clinical staff. DBH Substance Use Treatment will continue to clinically address the issue by offering smoking cessation counseling through both individual and group sessions. Also, smoking cessation is a part of SUD treatment regular and routine curriculum.

Timeline for compliance: The reporting changes and re-training of staff will occur over the next 60 days.

Person responsible for action plan: Brett Bartruff, LCSW., Substance Use Treatment Program Director.

FY19 Deficiencies:

- 1) In FY18, 20.7% compelled admissions had unknown or not collected for criminogenic risk level, which does not meet Division Directives. There can only be 10% of compelled admissions that are not collected or unknown.

Center's Response and Corrective Action Plan:

Action Plan: This measure is likely due to reporting errors from a dual staff collection (clinical and intake staff). To address this, clinical staff will be re-trained about on how accurately collect

this data element. Also, to reduce the likelihood of errors, only clinical staff will collect and record the data.

Timeline for compliance: The reporting changes and re-training of staff will occur over the next 60 days.

Person responsible for action plan: Brett Bartruff, LCSW., Substance Use Treatment Program Director.

FY19 Recommendations:

- 1) *Medication Assisted Treatment:* The capacity for Medication Assisted Treatment (MAT) in Davis County has been a challenge. DBH has done a great job increasing MAT to their community, but there are not enough physicians in Davis County that are able or willing to prescribe Buprenorphine. Davis is currently contracted with Discovery House and Bountiful Treatment Center to provide Methadone, Suboxone, Vivitrol and other forms of MAT for residents in Layton and Bountiful, which has been very helpful. It is recommended that DBH continue to seek partnerships with physicians that are willing to prescribe Buprenorphine to increase MAT in their community.
- 2) *Cost and Capacity for Substance Use Disorders Treatment:* Cost and capacity for substance use disorders (SUD) treatment in Davis County is an issue for individuals seeking these services. The cost for psychiatric services and other SUD services are much more expensive for individuals with substance use disorders than individuals with mental health issues. DBH is working on methods of increasing access to substance use disorder services in their community by providing low or free services to individuals with low or no income. They also don't prohibit anyone from entering treatment, which has greatly increased the number of substance use disorder clients served at DBH over the past year. It is recommended that DBH continue to seek methods of increasing capacity and access to services for individuals with substance use disorders.

FY19 Division Comments:

- 1) *Criminal Justice Services:* Over the past eighteen months, DBH has focused on criminogenic evidence-based screening and assessment, criminal risk factors and JRI initiatives, which has improved services and increased the number of clients served in the criminal justice system. In addition, increased emphasis on opioid initiatives and access to MAT have improved services for individuals with opioid use disorders. These efforts have lead to improved outcomes for individuals in the criminal justice system.
- 2) *Evidence-based Services:* DBH has several groups and services that are evidence-based. They have made an effort over the past year to ensure that the evidence-based services are done to fidelity and expanded the number of services they are providing. They have also focused on providing on co-occurring services and the trauma-informed approach, which has improved outcomes. DBH continues to seek methods of providing quality services to their community.

- 3) *Increased Access to Services:* Over the past year, DBH significantly increased the number of substance use disorder clients served. Most of these clients were unfunded or on commercial insurance. Funding from the Justice Reinvestment Initiative, State Targeted Response and State Opioid Response Federal Grants have also helped increase the number of clients served in the criminal justice system. DBH does not prohibit anyone from entering services, which has also helped with this growth over the past year. DBH continues to seek methods of increasing access to services which has benefited their community.

Section Two: Report Information

Background

Utah Code Section 62A-15-103 outlines duties of the Division of Substance Abuse and Mental Health. Paragraph (2)(c) states that the Division shall:

- Consult and coordinate with local substance abuse authorities and local mental health authorities regarding programs and services,
- Provide consultation and other assistance to public and private agencies and groups working on substance abuse and mental health issues,
- Receive, distribute, and provide direction over public funds for substance abuse and mental health services,
- Monitor and evaluate programs provided by local substance abuse authorities and mental health authorities,
- Examine expenditures of any local, state and federal funds,
- Monitor the expenditure of public funds by local substance abuse authorities and mental health authorities,
- Contract with local substance abuse authorities and mental health authorities to provide a continuum of services in accordance with division policy, contract provisions, and the local plan,
- Assure that these requirements are met and applied uniformly by local substance abuse authorities and mental health authorities across the state,
- Conduct an annual program audit and review of each local substance abuse authority and mental health authority in the state and its contract provider in a review and determination that public funds allocated to by local substance abuse authorities and mental health authorities are consistent with services rendered and outcomes reported by them or their contract providers,
- Each local substance abuse authority and each mental health authority is exercising sufficient oversight and control over public funds allocated for substance abuse and mental health programs and services, and
- Other items determined by the division to be necessary and appropriate.

Non-Compliance Issues, Action Plans and Timelines

This report is organized into individual sections, in which inadequacies will be identified and discussed. Inadequacies are assigned a level of severity based on the combined judgment of the monitoring team. In order to fully understand the degree of severity, a short discussion of the inadequacy levels follows.

A **major non-compliance issue** is non-compliance in contract requirements which affect the imminent health, safety, or well-being of individuals. In cases of non-compliance at this level, a written corrective action plan must be completed by the Local Authority immediately and compliance must be achieved within 24 hours or less.

It should be noted that in extreme cases where, in the professional opinion of the monitoring team, an elevated threat of imminent health, safety, or well-being of individuals exists, contract payments may be suspended indefinitely.

A **significant non-compliance issue** is either 1) non-compliance with contract requirements that do not pose an imminent danger to clients but that result in inadequate treatment or care that jeopardizes the well-being of individuals; OR 2) non-compliance in required training, paperwork, and/or documentation that are so severe or pervasive as to jeopardize the effectiveness of services and continued contract funding. This type of finding will also require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 10 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 30 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **minor non-compliance issue** results when the reviewers identify a performance inadequacy that is relatively small in scope and does not impact client well-being or jeopardize funding. This type of finding will require the submission of a written corrective action plan in which the Local Authority identifies the steps it will take to rectify the issue and a time frame for accomplishing the correction. The due date for this submission shall be within 15 working days of receipt of the draft monitoring report by the Local Authority. Compliance must be achieved within 60 days of receipt of the draft monitoring report. Verification of the resolution may be accomplished in several ways including a follow-up visit, measurement during the next site review, a review of training documentation, a review of data submitted subsequent to the correction or a combination of these or any other method determined adequate to measure the resolution.

A **deficiency** results when the contractor is not in full compliance, but the deficiency discovered is not severe enough to be categorized as a non-compliance issue. A written corrective action

plan is required without a formal timeline. However, the monitoring team may request action to fix the problem by a given date.

A **recommendation** occurs when the contractor is in compliance. The Division is simply making a best practice or technical suggestion. The contractor is encouraged to implement the suggestion but not required.

In rare instances, a non-compliance issue from a previous year may continue unresolved at the time of the monitoring site visit. A recurring non-compliance issue will be prominently displayed in the current monitoring report and will require special attention by the Local Authority to ensure its immediate resolution.

Signature Page

We appreciate the cooperation afforded the Division monitoring teams by the management, staff and other affiliated personnel of Davis Behavioral Health and for the professional manner in which they participated in this review.

If there are any questions regarding this report please contact Chad Carter at (801)538-4072.

The Division of Substance Abuse and Mental Health

Prepared by:

Chad Carter Chad Carter Date April 16, 2019
Auditor IV

Approved by:

Kyle Larson Kyle Larson Date April 16, 2019
Administrative Services Director

Eric Tadehara Eric Tadehara Date April 16, 2019
Assistant Director Children's Behavioral Health

Jeremy Christensen Jeremy Christensen Date April 16, 2019
Assistant Director Mental Health

Brent Kelsey Brent Kelsey Date April 16, 2019
Assistant Director Substance Abuse

Doug Thomas Doug Thomas Date April 17, 2019
Division Director


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Electronic Record and Signature Disclosure:
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Brent Kelsey		Sent: 4/16/2019 9:48:07 AM
bkelsey@utah.gov		Viewed: 4/16/2019 3:18:52 PM
Security Level: Email, Account Authentication (None)		Signed: 4/16/2019 3:19:03 PM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 168.178.209.149	


Electronic Record and Signature Disclosure:
 Accepted: 4/16/2019 3:18:52 PM
 ID: a2f34cde-83b7-457b-82b5-7e562c6c997b

Eric Tadehara		Sent: 4/16/2019 9:48:07 AM
erictadehara@utah.gov		Viewed: 4/16/2019 10:07:36 AM
Security Level: Email, Account Authentication (None)		Signed: 4/16/2019 10:08:10 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 168.178.209.52	


Electronic Record and Signature Disclosure:
 Accepted: 4/16/2019 10:07:36 AM
 ID: 114406be-7acb-46d0-a99c-28f3186f873b

Jeremy Christensen		Sent: 4/16/2019 9:48:07 AM
Jeremy@Utah.gov		Viewed: 4/16/2019 11:21:04 AM
Security Level: Email, Account Authentication (None)		Signed: 4/16/2019 11:21:29 AM
	Signature Adoption: Pre-selected Style	
	Using IP Address: 65.123.41.34	

Electronic Record and Signature Disclosure:
 Accepted: 4/16/2019 11:21:04 AM
 ID: 5931c489-51ee-4d13-8764-62c72deee996

Signer Events	Signature	Timestamp
Kyle Larson kblarson@utah.gov Administrative Services Director DSAMH Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 165.239.171.180	Sent: 4/16/2019 9:48:07 AM Viewed: 4/16/2019 3:58:44 PM Signed: 4/16/2019 3:58:52 PM

Electronic Record and Signature Disclosure:
 Accepted: 11/2/2017 3:25:44 PM
 ID: 0aec013e-2470-4c2f-a124-0e617981c4e8

Doug Thomas dothomas@utah.gov Director Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 168.178.209.180	Sent: 4/16/2019 3:58:58 PM Viewed: 4/17/2019 3:32:22 PM Signed: 4/17/2019 3:32:35 PM
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Electronic Record and Signature Disclosure:
 Accepted: 8/21/2017 12:22:51 PM
 ID: d9991105-4e0a-46bf-a7ac-3e6ad7a79bdd

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Bob Stevenson bstevenson@daviscountyutah.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/17/2019 3:32:41 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Lorene Miner Kamalu kamalu@daviscountyutah.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/17/2019 3:32:42 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Randy Elliott randyelliott@daviscountyutah.gov Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/17/2019 3:32:43 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Davis County Commission commissioners@daviscountyutah.gov Commission Chair Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/17/2019 3:32:43 PM
Electronic Record and Signature Disclosure:		

Carbon Copy Events	Status	Timestamp
Accepted: 8/30/2017 1:11:38 PM ID: c9c7ec7d-11df-4521-aff5-0634e2be4c6c		
Brandon Hatch brandonh@dbhutah.org CEO Davis Behavioral Health Security Level: Email, Account Authentication (None)	<div>COPIED</div>	Sent: 4/17/2019 3:32:44 PM
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	4/17/2019 3:32:44 PM
Certified Delivered	Security Checked	4/17/2019 3:32:44 PM
Signing Complete	Security Checked	4/17/2019 3:32:44 PM
Completed	Security Checked	4/17/2019 3:32:44 PM

Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

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